



|  |           |  |  |  |           |   |          |  |          |   |          |  |          |
|--|-----------|--|--|--|-----------|---|----------|--|----------|---|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |           | Docket Number (Optional)<br>740756-2262              |  |  |           |   |          |  |          |   |          |  |          |
| <b>CERTIFICATE OF MAILING OR TRANSMISSION</b><br>[37 CFR 1.8(a)]<br><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.<br><br>Signature: _____<br>Name: _____  |           | In re Application of Jun KOYAMA et al.               |  |  |           |   |          |  |          |   |          |  |          |
|  |           | Application Number 09/777,693 Filed February 7, 2001 |  |  |           |   |          |  |          |   |          |  |          |
|  |           | For IMAGE DISPLAY DEVICE AND DRIVER CIRCUIT THERFOR  |  |  |           |   |          |  |          |   |          |  |          |
| Group Art Unit 2677  |           | Examiner Leonid Shapiro                              |  |  |           |   |          |  |          |   |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(740756-2262)</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) _____</p> <p>_____<br/>Signature</p> <p>_____<br/>Date</p> <p><u>Luan C. Do - Reg. No. 38,434</u><br/>Typed or printed name</p> <p><u>202-585-8000</u><br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |           |  |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ 120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) | \$ _____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)   | \$ 120.00 |  |  |  |           |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)  | \$ _____  |  |  |  |           |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)   | \$ _____  |  |  |  |           |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)  | \$ _____  |  |  |  |           |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)   | \$ _____  |  |  |  |           |   |          |  |          |   |          |  |          |